

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 or **Fax** (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

26096 7590 04/30/2008

CARLSON, GASKEY & OLDS, P.C.  
 400 WEST MAPLE ROAD  
 SUITE 350  
 BIRMINGHAM, MI 48009

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Theresa M. Palmateer (Depositor's name)  
 [Signature] (Signature)  
 7-1-08 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/598,402

08/28/2006

William A. Veronesi

60469-119PUS1;

3796

TITLE OF INVENTION: ELECTRICAL CONNECTOR AND RESTRAINING DEVICE FOR USE WITH ELEVATOR BELTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1440

\$300

\$0

\$1740

07/30/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
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COLON SANTANA, EDUARDO

2837

187-391000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Carlson, Gaskey &amp; Olds

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Otis Elevator Company

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Farmington, CT

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee

☒ Publication Fee (No small entity discount permitted)

☐ Advance Order - # of Copies

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

☐ A check is enclosed.

☒ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 501982 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Typed or printed name

David J. Gaskey

Date

Registration No.

01 FC-1501

02 FC-1501

1-08

1440.00 OP

300.00 OP

37,139

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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2 (including cover page)

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0517/082

PART B - (FEE'S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
 or Fax: **(571)-273-2885**

**INSTRUCTIONS:** This form should be used for transmitting the **ISSUE FEE** and **PUBLICATION FEE** (if required). Block 3 through 5 should be completed where appropriate. All further correspondence including the future notice letters and notices of maintenance fees will be mailed to the second correspondence address as indicated on pages contained below or directed otherwise in Block 1, by (a) specifying a new correspondence address, and/or (b) indicating a separate "FOR ADDRESS" for maintenance fee transactions.

LEGIBILITY: UNDERNOOTED ADDRESS (P.O. Box) Use Block 1 for a separate "FOR ADDRESS"

Note: A condition of mailing this form is that you must provide a return address (P.O. Box) for the return of the form. This condition does not apply for all other correspondence. For additional power, such as to an assignment or a formal drawing, must be in the envelope of mailing or transmission.

Condition of Mailing or Transmission  
 I hereby certify that this Form is Transmitted in being deposited with the United States Postal Service for the return of the form. This condition does not apply for all other correspondence. For additional power, such as to an assignment or a formal drawing, must be in the envelope of mailing or transmission.

3096 3596 60692008

**CARLSON, GASKAY & OLDS, P.C.**  
**400 WEST MAPLE ROAD**  
**SUITE 150**  
**BIRMINGHAM, MI 48009**

**Witnessed By: Philosopher** (Signature)  
**Witnessed By: Philosopher** (Signature)  
**Witnessed By: Philosopher** (Signature)

APPLICANT TYPE NO.	FILING DATE	ISSUE NAMED INVENTOR	ATTORNEY'S LICENSE NO.	CONFIRMATION NO.
10394, 41	06/28/2006	William A. Veronesi	60461-109125	376

TITLE OF INVENTION: **ELASTICITY CONNECTOR AND RESTRAINT DEVICE FOR USE WITH ELEVATOR RIG** 3794-18

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	ISSUE FEE	TOTAL FEE DUE	DATE DUE
Subject Matter	NO	\$340	\$300	\$0	\$740	07/30/2008

EXAMINER	ART UNIT	CLASSIFICATION
COLORANTAKA, EDUARDO	2807	37-37200

1. Change of correspondence address or indication of "For Address" (37 CFR 1.33a)

☐ Change of correspondence address for Change of Correspondence Address (see 37 CFR 1.33a) attached  
☐ "For Address" indication for "For Address" indication form (PUS-101) (see 37 CFR 1.33a) attached. Use of a Certificate Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents (P.A. Attorney)  
 (2) the names of a single firm acting as a member registered attorney or agent and the names of up to 3 registered patent attorneys or agents, if no name is listed, no name will be printed.

**Carlson, Gaskay & Olds**

3. ASSIGNOR NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: List an assignor as identified below, any assignor data will appear on the patent. If an assignor is identified below, the document has been filed for assignment.

(A) NAME OF ASSIGNEE

**Otis Elevator Company**

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

**Farmington, CT**

Please check the appropriate address category or categories (All must be printed on the patent): ☐ Individual ☒ Corporation or other private group only ☐ Government

4a. The following (1) are submitted

(a) ☐ Small Entity Fee  
 (b) ☐ Publication Fee (No small entity discount possible)  
 (c) ☐ Address Order - 1 of 1 only

4b. Payment of Fee(s): (Please first verify any previously paid fees for shown above)

☐ Payment is received.  
☐ Payment by credit card. Form PTO-1035 is attached.  
☐ The Director is hereby authorized to release the payment, any deficiency, or credit any overpayment, to Deposit Account Number: 30148 (Include an extra copy of this form).

5. Change or Entry Status (when status indicated is the)

☐ A. Applicant classifies SMALL ENTITY status. See 37 CFR 1.32.

☐ B. Applicant fee is being claimed SMALL ENTITY status. See 37 CFR 1.74(d)(2).

NOTE: The Invention and Publication Fee (if required) will not be accepted from Applicant other than the applicant's registered address or agent or the assignor or other party to interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

**David J. Gaskay**

Date

**7-1-08**

Typed or printed name

Registration No.

**37,139**

This collection of information is required by 37 CFR 1.31. The information is required to obtain or retain a benefit by the public which is the (a) (1) (a) (2) (a) (3) (a) (4) (a) (5) (a) (6) (a) (7) (a) (8) (a) (9) (a) (10) (a) (11) (a) (12) (a) (13) (a) (14) (a) (15) (a) (16) (a) (17) (a) (18) (a) (19) (a) (20) (a) (21) (a) (22) (a) (23) (a) (24) (a) (25) (a) (26) (a) (27) (a) (28) (a) (29) (a) (30) (a) (31) (a) (32) (a) (33) (a) (34) (a) (35) (a) (36) (a) (37) (a) (38) (a) (39) (a) (40) (a) (41) (a) (42) (a) (43) (a) (44) (a) (45) (a) (46) (a) (47) (a) (48) (a) (49) (a) (50) (a) (51) (a) (52) (a) (53) (a) (54) (a) (55) (a) (56) (a) (57) (a) (58) (a) (59) (a) (60) (a) (61) (a) (62) (a) (63) (a) (64) (a) (65) (a) (66) (a) (67) (a) (68) (a) (69) (a) (70) (a) (71) (a) (72) (a) (73) (a) (74) (a) (75) (a) (76) (a) (77) (a) (78) (a) (79) (a) (80) (a) (81) (a) (82) (a) (83) (a) (84) (a) (85) (a) (86) (a) (87) (a) (88) (a) (89) (a) (90) (a) (91) (a) (92) (a) (93) (a) (94) (a) (95) (a) (96) (a) (97) (a) (98) (a) (99) (a) (100) (a) (101) (a) (102) (a) (103) (a) (104) (a) (105) (a) (106) (a) (107) (a) (108) (a) (109) (a) (110) (a) (111) (a) (112) (a) (113) (a) (114) (a) (115) (a) (116) (a) (117) (a) (118) (a) (119) (a) (120) (a) (121) (a) (122) (a) (123) (a) (124) (a) (125) (a) (126) (a) (12

**CARLSON, GASKEY & OLDS, P.C.****FACSIMILE COVER PAGE**

Date: 7-3-08	Time:
To: Barbara, USPTO	For Information Call: (248) 988-8360
Fax Number: 1-571-270-9840	At: Carlson, Gaskey & Olds
From: Theresa Palmerlee	Fax Number: (248) 988-8363
Pages (including cover page): 3	Client Billing Number: 60469-119 FUSI
Duplicate copy of Part B - fee(s) transmittal attached.	

400 West Maple, Suite 350  
Birmingham, MI 48009